| Ei | I in this information to identify your o | ase: | | | | | | | | | |
|--|--|---|---|-------------------|-------------------|---|---------------------------------------|---|----------------|--|--|
| De | ebtor 1 Barbara An | ne Kole | | | | | | | | | |
| 3 | ebtor 2 ouse, if filing) | | | ~ | | | | | | | |
| Un | nited States Bankruptcy Court for the | : MIDDLE DISTRICT C | OF PENNSYLVANIA | | | | | | | | |
| Case number 1:17-bk-00445 (if known) | | | | | | Check if this is: An amended filing A supplement showing postpetition chapter | | | | | |
| \cap | official Form 1061 | | | | | 13 income | as of the follo | wing date: | • | | |
| Official Form 106l Schedule I: Your Income | | | | | | MM / DD/ Y | YYY | | 12/15 | | |
| sup spo atta | as complete and accurate as pos- plying correct information. If you puse. If you are separated and you ach a separate sheet to this form. Describe Employment | are married and not fili Ir spouse is not filing w | ng jointly, and your : ith you, do not inclu | spouse de info | is livii matio | ng with you, incl n about your spo | ude informat ouse. If more | tion about y | your eeded. | | |
| 1, | Fill in your employment | | | o sego and | | | | | | | |
| | information. | | Debtor 1 | | | Debtor 2 or non-filing spouse | | | | | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | Employed | | | ☐ Employed ☐ Not employed | | | | | |
| | | | ☐ Not employed | | | LI NOI ei | прюуеа | | | | |
| | Include part-time, seasonal, or self-employed work. | Occupation | Senior Insurance Referral Specia | | | | | | ··· | | |
| | Occupation may include student | Employer's name | Pinnacle Health | Syste | пs | | | *************************************** | | | |
| | or homemaker, if it applies. | Employer's address | 3 Walnut Street, Lemoyne, PA 17 | | | | | | | | |
| | | How long employed ti | here? 17 years | 5 | | *************************************** | | | | | |
| Pai | t 2: Give Details About Mor | thly Income | | · | | | | | | | |
| Esti Spou | mate monthly income as of the dause unless you are separated. | ate you file this form. If y | you have nothing to re | port for | any lir | ne, write \$0 in the | space. Includ | le your non- | filing | | |
| f yo | u or your поn-filing spouse have mo e space, attach a separate sheet to | ore than one employer, co this form. | mbine the information | for all | employ | rers for that perso | n on the lines | below. If yo | ou need | | |
| | | | | | | For Debtor 1 | For Debto | | | | |
| 2. | List monthly gross wages, salar deductions). If not paid monthly, o | y, and commissions (be alculate what the monthly | efore all payroll y wage would be. | 2. | \$ | 3,814.54 | \$ | N/A | | | |
| 3. | Estimate and list monthly overti | me pay. | | 3. | +\$ | 0.00 | +\$ | N/A | | | |
| 4. | Calculate gross Income. Add lin | e 2 + line 3. | | 4. | \$ | 3,814.54 | 5 | N/A_ | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |

Official Form 106I

Schedule I: Your Income

page 1

| De | ebtor 1 | Barbara Anne Kole | | | (| Case number (if kn | own) | 1:1 | 7-bk-00445 | |
|-----|--|--|---|-----------------------------------|----------------------|---|---------------------------------|--|---|-------------|
| | Cor | by line 4 here | | 4. | | For Debtor 1 \$ 3,814 | 54 | | r Debtor 2 or n-filing spouse N/A | |
| 5. | List | all payroll deductions: | | | | 0,014 | | | 1872 | . . |
| | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | Tax, Medicare, and Social Secu Mandatory contributions for re Voluntary contributions for reti Required repayments of retirer Insurance Domestic support obligations Union dues Other deductions. Specify: Se | tirement plans irement plans nent fund loans | 5a 5b 5c 5d 5e 5f. |). . . . | \$ 286. \$ 0. \$ 0. \$ 0. \$ 0. | .00 .09 .00 .00 .00 | \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | N/A N/A N/A N/A N/A N/A | |
| | U 11. | DNUP | HECT | 5h | | \$ <u> </u> | | + \$ | N/A N/A | • |
| | | Life insurance | | | | \$ 50. | | Š | N/A N/A | - |
| 6. | | the payroll deductions. Add lines | - | 6. | | 1,384. | 45 | s | N/A | |
| 7. | | ulate total monthly take-home pa | | 7. | 5 | 2,430. | 09 | \$ | N/A | |
| 8. | 8a. 8b. 8c. | profession, or farm Attach a statement for each proper receipts, ordinary and necessary I monthly net income. Interest and dividends Family support payments that y regularly receive Include alimony, spousal support. | y and from operating a business, orty and business showing gross ousiness expenses, and the total ou, a non-filing spouse, or a depende | 8a. 8b. nt | | 5 <u>0.</u> 6 | | \$ S | N/A N/A | <i>≟</i> |
| | 8d. | settlement, and property settlement | nt. | 8c. | | 0.0 | 00 | 5 | N/A | |
| | 8e. | Unemployment compensation Social Security | | 8d. 8e. | | | | \$ | N/A | · - |
| | 8f. | Other government assistance the Include cash assistance and the vi- | alue (if known) of any non-cash assistan nos (benefits under the Supplemental | | | | | \$ | N/A | |
| | 8g. | Pension or retirement income | | 8g. | S S | | | \$ \$ | N/A N/A | |
| | 8ħ. | Other monthly income. Specify: | Plan payment from average tax refund | 8h.+ | + \$ | | | · \$ | N/A | |
| €. | Adda | all other income. Add lines 8a+8b | +8c+8d+8e+8f+8g+8h. | 9. | \$ | 357.7 | 5 | \$ | N/A | |
| 10. | Calcu Add th | date monthly income. Add line 7 - ne entries in line 10 for Debtor 1 and | Fline 9. I Debtor 2 or non-filing spouse. | 10. \$ | | 2,787.84 + | S | | N/A = \$ | 2,787.84 |
| 11, | other i | e contributions from an unmarried p friends or relatives. t include any amounts already inclu | the expenses that you list in Schedul partner, members of your household, you ded in lines 2-10 or amounts that are no | ır depen | | | | | chedule J. *** 11. +\$ | 0.00 |
| 2. | Add ti Write t applie: | mer emount on the Summary of Sci | ine 10 to the amount in line 11. The re nedules and Statistical Summary of Certa | sult is th ain Liabi | ne co litie: | ombined monthl s and Related D | y ind ata, | come. if it | | 2,787.84 |
| 3. | Do yo | u expect an increase or decrease No. | within the year after you file this form | n? | | | | | Combine monthly | |
| | | | terminated March 2040, Date 1 | | | | | | | |
| | _ | Cima support | terminated March 2018. Debtor's | son an | id h | us triend mov | /ed | out. | · | |

Official Form 1061

Schedule I: Your Income

| | ll in this information to identify yo | our case: | | | | | | | | |
|---|--|---|--|--|---|--|-------------------------------|--|--|--|
| De | ebtor 1 Barbara Ann | ie Kole | | | Che | eck if this is: | | | | |
| | | | | | | An amended filing | | | | |
| | ebtor 2 pouse, if filing) | <u></u> | · · · · · · · · · · · · · · · · · · · | | A supplement showing postpetition chapter 13 expenses as of the following date: | | | | | |
| United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA | | | | | MM / DD / YYYY | | | | | |
| | 1:17-bk-00445 known) | | | | | | | | | |
| С | official Form 106J | | | | | | | | | |
| | chedule J: Your E | Expen | ses | | | | 12/1 | | | |
| Be inf | as complete and accurate as formation. If more space is nee mber (if known). Answer every | possible. eded. attac | If two married people ar | e filing together, bo form. On the top of a | th are equant | ually responsible fo ional pages, write y | zamalicina anno 1 | | | |
| 1. | it 1: Describe Your Housel Is this a joint case? | hold | | | | | | | | |
| | No. Go to line 2. | | | | | | | | | |
| | ☐ Yes. Does Debtor 2 live in | n a separa: | te household? | | | | | | | |
| | □ No □ Yes. Debtor 2 must | t file Officia | l Form 106J-2, <i>Expenses</i> | for Separate Househ | old of Deb | otor 2. | | | | |
| 2. | Do you have dependents? | ■ No | | | | | | | | |
| | Do not list Debtor 1 and Debtor 2. | | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | · . | Dependent's age | Does dependent live with you? | | | |
| | Do not state the | | | | | | □ No | | | |
| | dependents names. | | | | | | ☐ Yes | | | |
| | | | | | | | □ No □ Yes | | | |
| | | | | | | | □ Yes | | | |
| | | | | | | | □ Yes | | | |
| | | | | | *************************************** | | □ No | | | |
| | | | | | | | ☐ Yes | | | |
| 3. | Do your expenses include | ⊠ N | 'n | | | | LJ 185 | | | |
| | expenses of people other that | an _ | | | | | | | | |
| | yourself and your dependent | ts? ⊔⊺ | es | | | | | | | |
| | Estimate Your Ongoing | r Monthly | Evnoncee | | | | | | | |
| - I | imate your expenses as of you | ır bankrup | tov filing date unless vo | III are using this for | m 26 2 611 | pplement in a Chap | ter 13 case to report | | | |
| st xp | enses as of a date after the ba licable date. | inkruptcy : | s filed. If this is a suppl | emental Schedule J | , check th | e box at the top of | the form and fill in the | | | |
| st xp pp ncl | cuses as of a date affet file Da | on-cash do | s filed, if this is a suppl | emental <i>Schedule J</i> | , check th | e box at the top of Your exper | the form and fill in the | | | |
| sti xp pp icl ie Off | licable date. ude expenses paid for with no value of such assistance and | on-cash go have inclu | s filed. If this is a supplivernment assistance if ded it on Schedule I: Your for your residence. In | emental Schedule J you know our Income | , check th | e box at the top of Your exper | the form and fill in the | | | |
| sti xp pp icl ie Off | ude expenses paid for with no value of such assistance and icial Form 106l.) The rental or home ownershi | on-cash go have inclu | s filed. If this is a supplivernment assistance if ded it on Schedule I: Your for your residence. In | emental Schedule J you know our Income | , check th | e box at the top of Your exper | the form and fill in the | | | |
| st xp pp ncl he Off | ude expenses paid for with no value of such assistance and icial Form 106l.) The rental or home ownershipayments and any rent for the g | on-cash go have inclu | s filed. If this is a supplivernment assistance if ded it on Schedule I: Your for your residence. In | emental Schedule J you know our Income | , check th | e box at the top of Your exper | nses | | | |
| exp ipp ncl he Off | licable date. ude expenses paid for with no value of such assistance and licial Form 106l.) The rental or home ownershipayments and any rent for the garden for the garden. If not included in line 4: 4a. Real estate taxes | on-cash go have inclu p expense ground or k | s filed. If this is a supplivernment assistance if ded it on <i>Schedule I: Your standard of your residence</i> . Index. | emental Schedule J you know our Income | 4. \$ | e box at the top of Your exper | nses 0.00 | | | |
| exp ipp ncl he Off | ude expenses paid for with no value of such assistance and licial Form 106l.) The rental or home ownership payments and any rent for the gaments and any rent for the gaments. Real estate taxes 4a. Real estate taxes 4b. Property, homeowner's, gaments and any rent for the gaments. | on-cash go have inclu ip expense ground or k | s filed. If this is a supplivernment assistance if ded it on <i>Schedule I: Your selections</i> of the selection | emental Schedule J you know our Income | 4. \$ 4a. \$ 4b. \$ | e box at the top of Your exper | 0.00 0.00 | | | |
| sti xp ipp ncl he Off | ude expenses paid for with no value of such assistance and licial Form 106l.) The rental or home ownership payments and any rent for the gaments and any rent for the gaments and expenses and line 4: 4a. Real estate taxes 4b. Property, homeowner's, gaments and any rent for the gaments and gament | on-cash go have inclusive expense ground or loo or renter's i | s filed. If this is a supplication of the second of the se | emental Schedule J you know our Income | 4. \$ 4a. \$ 4b. \$ 4c. \$ | e box at the top of Your exper | 0.00 0.00 0.00 0.00 | | | |
| sti exp app ncl he | ude expenses paid for with no value of such assistance and icial Form 106l.) The rental or home ownership payments and any rent for the garden in the form the control of | on-cash go have inclu p expense ground or lo or renter's i air, and upk n or condor | s filed. If this is a supple vernment assistance if ded it on <i>Schedule I: Your self of your residence</i> . In ot. Insurance eep expenses minium dues | emental Schedule J you know our Income clude first mortgage | 4. \$ 4a. \$ 4b. \$ | e box at the top of Your exper | 0.00 0.00 | | | |

Official Form 106J

Schedule J: Your Expenses

page 1

| Debtor 1 | Barbara Anne Kole | Case nun | nber (if known) | 1:17-bk-00445 |
|----------|---|--------------------------|----------------------------|---|
| 6. Utili | ies; | | | |
| 6a. | Electricity, heat, natural gas | 6a. | S | 275.00 |
| 6b. | Water, sewer, garbage collection | 6b. | | 35.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | | 0.00 |
| 6d. | Other. Specify: Cell phones | 6d. | | 180.00 |
| | Cable/internet | | s | 150.00 |
| 7. Food | and housekeeping supplies | | S | 450.00 |
| | care and children's education costs | 8. | | 0.00 |
| 9. Cloti | ning, laundry, and dry cleaning | 9. | | *************************************** |
| | onal care products and services | 10. | | 90.00 |
| | cal and dental expenses | 11. | | 50.00 |
| | sportation. Include gas, maintenance, bus or train fare. | | · | 65.00 |
| Do n | ot include car payments. | 12. | \$ | 165.00 |
| 3. Ente | tainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 75.00 |
| 4. Char | itable contributions and religious donations | 14. | S | 0.00 |
| 5. Insu | | | | |
| Do no | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | \$ | 0.00 |
| | Health insurance | 15b. | S | 0.00 |
| | Vehicle insurance | 15c. | S | 50.00 |
| | Other insurance. Specify: | 15d. | \$ | 0.00 |
| Spec | | 16. | \$ | 0.00 |
| | Iment or lease payments: | | | |
| | Car payments for Vehicle 1 | 17a. | * | 0,00 |
| | Car payments for Vehicle 2 | 17b. | | 0.00 |
| 176. | Other Specify: Auto loan payment to mother | 17c. | | 150.00 |
| | Other. Specify: | 17d. | S | 0.00 |
| 5. Your | payments of alimony, maintenance, and support that you did not report as | 4.0 | C. | 0.00 |
| 9 Other | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). payments you make to support others who do not live with you. | 18. | | 0.00 |
| Speci | | 19. | \$ | 0.00 |
| | real property expenses not included in lines 4 or 5 of this form or on Scheo | 19, | | |
| 20a. | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | | <u> </u> |
| 20e. | Homeowner's association or condominium dues | 20a. | | 0.00 |
| | : Specify: Estimated rent | 206. 21. | | 0.00 |
| | | Z ; , | <i>τ</i> ͽ | 900.00 |
| . Calcu | late your monthly expenses | | | 4 |
| | dd lines 4 through 21. | ĺ | S | 2,635.00 |
| | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | ļ | S | |
| 22c. A | dd line 22a and 22b. The result is your monthly expenses. | - | s | 2,635.00 |
| | | | | 2,000.00 |
| ı. caicu | ate your monthly net income. | | _ | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | • | 2,787.84 |
| Z30. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 2,635.00 |
| 230 | Subtract your monthly pypopoon from your way 11. | Г | | |
| ಒರಿದೆ. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income.</i> | 23c. | s | 152.84 |
| | тво тозик в уоит толкту пестисоте. | 236. | | |
| For exa | Jexpect an increase or decrease in your expenses within the year after you mple, do you expect to finish paying for your car loan within the year or do you expect your mation to the terms of your mortgage? | file this lortgage pa | form? syment to increas | e or decrease because of a |
| ■ No. | | | | |
| man (di) | | | | |

VERIFICATION

I, Barbara Anne Kole, verify that the statements made in the aforegoing document(s) are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.'

S. §4904, relating to unsworn falsification to authorities.

Barbara Anne Kole, Debtor

Dated: 4/12/18